The Organized COVID Crime + "Vaccine" [Bioweapon Injection] Mafia

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> "In the councils of government, we must guard against the acquisition of unwarranted influence, whether sought or unsought, by the military-industrial complex. The potential for the disastrous rise of misplaced power exists and will persist." ~ President Dwight D. Eisenhower's farewell address on January 17, 1961

Dr. Helmut Sterz is a former senior pharmaceutical toxicologist who worked at Pfizer. Dr. Sterz retired from Pfizer prior to 2020. He has written a book "**Vaccine Mafia"** exposing the fraudulent pharmaceutical practices and collusion with the government globally **to force poisoning shots under false labels of "lifesaving vaccines**". The book has been released in German. Dr. Sterz is now preparing the English version, and has kindly asked me to provide a foreword. I am publishing my "director's cut" foreword to his book below. Note that it may be different from the final version when the book is released.

The book will be available on Amazon on September 24.

My Foreword to "Vaccine Mafia" English edition:

The book *The Vaccine Mafia* by Dr. Helmut Sterz **documents a massive crime of unleashing unregulated, liability-free biochemical poisons as pharmaceutical products, under false labels of "safe and effective vaccines."** The words *mafia*, *crime,* and *poisons* may be perceived as emotional hyperbole by people who are unfamiliar with this subject matter, those who trust the government propaganda machine, or those whose incomes are directly tied to Project COVID. Let me assure the readers that these are not creative metaphors. The book thoroughly documents the **organized COVID crime** from the perspective of an experienced drug development professional.

Like Dr. Sterz, I am a former pharmaceutical research and development industry executive. I spent twenty-five years working in the industry in various roles, ultimately managing my own companies. In my early career I worked as an econometrics and management consultant, and later as clinical trials contractor for more than sixty

pharmaceutical companies, large and small. I interacted with the FDA and other regulators on behalf of my clients and as a member of the Cardiovascular Safety Research Consortium on subjects related to cardiovascular safety testing standards for new drugs.

I had sold my companies and left the pharmaceutical industry by 2018; however, since the start of the "COVID [flu renaming, fake] p[l]andemic" in 2020, I was compelled to spend countless hours on research, uncovering the perverse legal, regulatory, and **military frameworks utilized by the "public-private partnerships for pandemic preparedness"—an amorphous union of global governments and corporations that is more properly defined as a global crime cartel.** I collaborated with numerous brave people—dissident scientists, doctors, engineers, software wizards, lawyers, and citizen journalists.

A well-known adage states that if one lets politicians break the law in an emergency, they will create a permanent state of emergency in order to continue breaking the law. As of July 2025, ninety national emergencies have been declared in the United States; forty-two have expired and another fifty-one are currently in effect, each having been renewed annually by the president.[1] Despite the prevailing disingenuous political narrative that the "COVID p[l]andemic is over," currently ten public health emergencies, including COVID [flu renaming], are active, declared in the US via the PREP Act issued by the Health and Human Services (HHS) Secretary. The PREP Act (2005) is federal legislation designed to provide immunity from liability for certain individuals and entities involved in the development, manufacture, distribution, and administration of "**covered countermeasures**" during a declared public health emergency.[2]

The Act is activated upon the declaration of a public health emergency by the Secretary of HHS. **Such declarations are based solely on the HHS Secretary's opinion and require no justification or evidence of an actual emergency.** This opinion is not reviewable by the judiciary branch, nor by Congress. PREP Act declarations by the HHS Secretary provide liability immunity coverage for those deploying "medical countermeasures"—a vague military term which describes many types of responses to an attack.

The PREP Act was designed to provide rapid distribution of medical supplies, especially to first responders, in a very remote scenario of a biological, chemical,

radiological or nuclear (CBRN) attack on US soil. At its passage, the law was challenged as unconstitutional, violating civil rights and several Constitutional Amendments, especially with regard to citizens' rights to sue for damages, injuries, and deaths resulting from the government actions.[3] The law was not meant as a method of bypassing the FDA regulations and "approving" new pharmaceutical technologies that had previously repeatedly failed safety testing and market clearance in non-emergency conditions. **The law was not meant for mass vaccination campaigns of civilians, nor for forcing vaccination mandates while escaping all normal regulations and manufacturers' liability**. Yet, this is precisely how the PREP Act has been misused and abused to facilitate COVID p[l]andemic crimes since 2020.

In non-emergency conditions, FDA must formally approve any new investigational drug product prior to a manufacturer introducing it into interstate commerce.[4] This process requires the manufacturer to open an Investigational New Drug application and obtain an exemption from the FDA for its use in regulated clinical research (trials). This regulated process is therefore referred to as an "investigational" regulatory pathway. It requires a manufacturer to conduct regulated clinical research (trials) under the IND, obtaining an Institutional Review Board's (IRB) approval for clinical trial protocols, independent safety monitoring oversight, and informed consent from clinical trial volunteers. In addition, manufacture of the drugs and biologics subject to the investigational status is regulated by the current Good Manufacturing practices (cGMP) [5] in a strictly enforceable manner.

EUA Medical Countermeasures are radically different drugs, biologics, and devices[6] that are carved out from all normal pharmaceutical regulations by their legal status as **non-investigational** products. **A product legally declared "non-investigational" cannot be formally studied in clinical trials**, which are known as "clinical investigation" in legal terms. The US federal law states that "use of Emergency Use Authorized (EUA) covered countermeasures under a declared Public Health Emergency cannot constitute a clinical investigation (21 USC 360bbb-3(k))"; therefore, these countermeasures do not have to be tested for safety or efficacy in accordance with US law (21 CFR 312 and 21 CFR 601), nor must they comply with current Good Manufacturing Practices (cGMP) or Good Distribution Practices (GxP in general) that are enforced by the FDA. Thus, **what is normally deemed a violation of pharmaceutical law is explicitly allowed for EUA Countermeasures for the duration of the PREP Act declaration of a public health emergency.**

The FDA has the discretion to issue an EUA if, in the sole opinion of the HHS secretary, the product "may be effective" in treating the relevant disease or condition.[7] No other criteria for approval apply in an enforceable way. While the manufacturers may choose to undertake some of the activities typically expected from an investigational clinical trial and manufacturing validation process (or the FDA may ask them to), none of the typical pharmaceutical regulatory standards are applicable in an enforceable way.

There is no strict requirement to obtain an Investigational New Drug exemption (IND), nor institutional review board (IRB) approval of a clinical trial protocol and informed consent forms. Thus, the EUA process makes it impossible to obtain meaningful informed consent from the recipients of the product. EUA products, even though unregulated and non-standardized, "shall not be deemed adulterated or misbranded."[8]

Since 2021, hundreds of contracts for COVID [psyop] countermeasures, including vaccines, therapeutics, and diagnostics became available in redacted form via freedom of information (FOIA) lawsuits.[9] All COVID countermeasures were ordered by the US Department of Defense (DOD), typically as "demonstrations" and "prototypes" via Other Transactions Authority (OTA) contracts and using the Defense Production Authority (compelling pharma companies to produce unregulated poison for the US DOD).

The OTA contracting method is typically used by the DOD for purchasing weapons systems as it avoids federal accountability reviews and Bayh-Dole provisions[10] for intellectual property disclosure. DOD does not have authority to use the OTA method for purchasing pharmaceutical products for mass civilian distribution. To overcome this congressional limitation, the DOD partnered with HHS as "one government entity" for Operation Warp Speed, taking the role of the Chief Operating Officer for itself and relegating HHS to the advisory role.[11], [12]

The COVID [scam] contracts include removal of all liability for the manufacturers and contractors along the supply and distribution chain under the PREP Act and related federal legislation, except in case of very narrowly defined and virtually impossible to prove "willful misconduct." Specifically, provable death or injury from a covered countermeasure (including mRNA vaccines) is *not*c onsidered willful misconduct as

long as the “covered person” used the “covered countermeasure” as directed by the public health agencies.

To date no legal case filed against COVID vaccine makers for death, injury, or other harm has succeeded in the US court system. The courts consistently dismiss these complaints in favor of defendants citing the PREP Act, which overrides the constitutional rights of the plaintiffs, preempts both suit and liability, and preempts all state laws that may be in conflict.

The organized COVID vaccine crime cartel is global, tying together numerous “pandemic preparedness” structures, military forces, countermeasures consortia, and “global public health” agencies, comprising an astonishing trillion-dollar industry which feeds on fraud, data manipulation, fear-based propaganda, censorship, suppression, abuse of law, and mass poisoning of unsuspecting people while accumulating global power and mega profits. In the United States, the COVID countermeasures deployment program has been coordinated through the quasi-governmental Public Health Emergency Medical Countermeasures Enterprise (PHEMCE)[13] and via several other public, private, hybrid, and quasi-governmental entities, including but not limited to the FDA’s Medical Countermeasures Initiative (MCMi)[14]; the Biomedical Advanced Research and Development Authority (BARDA) [15]; and the Medical Chemical, Biological, Radiological, Nuclear [CBRN] Defense Consortium (MCDC).[16]

Private pharma corporations are used by the pandemic preparedness cartel as a front to launder the unregulated, liability-free **biochemical poison made by the DOD/DARPA/BARDA-controlled bio-manufacturing assets.** Some examples of the government-controlled key players include

· National Resilience, a giant biomanufacturing corporation with ties to intelligence agencies, government, and military;

· Moderna, a lavishly government-funded company commercializing NIH intellectual property assets which resulted in at least $400M+ royalty payouts to NIH;[17]

· Emergent Biosolutions, a longstanding biomanufacturing military contractor; and

· Gilead, a private company commercializing DOD (DTRA) intellectual property, maker of remdesivir.[18]

Thousands of other military and intelligence contractors are deriving profits from this vast trillion-dollar "pandemic preparedness industry." Private pharmaceutical corporations are willing coconspirators in the COVID vaccine mafia network; however, they are used as corporate fronts to fool the public with trusted brand names, providing an illusion of regulated, compliant manufacturing. **The public-private partnership, a criminal enterprise that uses sovereign government powers to shield itself from liability, launders massive profits resulting from no-risk investment of billions of dollars in public monies into guaranteed no-bid government purchasing contracts. Thus, the public is made to foot the bill for its own poisoning and removal of rights.**

The COVID [fake] pandemic emergency declarations that were initially issued on February 4, 2020, by Alex Azar during the first Trump administration, **are now extended to last until December 31, 2029,[19] a full decade!** The current head of HHS, Robert Kennedy Jr. is fully aware of the misuse of the PREP Act as a continued ironclad liability shield for fraud, profiteering, and abuse of the public health emergency doctrine. Since our first meeting in 2022, I have discussed the PREP Act and the significance of HHS declarations with Kennedy, both in published interviews[20] and in private. While fully agreeing with my view, once appointed as head of HHS, **Kennedy refused to use his legal authority to terminate this contrived state of emergency**, citing President Trump's opposition to such move.[21]

The only true reason for the US government—under both Democrat and Republican leadership—to **continue the pretense of a pandemic** is the **ironclad liability shield ensured by the PREP Act for the pharmaceutical companies and healthcare providers ("covered persons") who participate and profit from manufacture, distribution, and administration of "covered countermeasures," i.e., mRNA injections and other unsafe products and protocols.**

In this book, Dr. Sterz kindly quotes my analysis of the V-Safe data (CDC data registry) for pregnancy outcomes, demonstrating how the **CDC concealed a massive safety signal**, a greater than 200 percent increase in the rates of pregnancy loss after mRNA

vaccination. This clear safety signal was captured as early as February 2021, in just 10 weeks of the mass deployment of the COVID shots. However, the CDC and other prominent coauthors published this data in the *New England Journal of Medicine*concealing, obfuscating, and misrepresenting the results with a conclusion of "no obvious safety signals." It is truly shocking that as of the time of this writing, in mid-2026, **the COVID injections are still being advertised and recommended to pregnant women as "safe at any time in pregnancy."** Most people are repulsed by the idea that the trusted government agencies have pushed a powerful toxic abortifacient onto all pregnant women as a "safe and effective vaccine." The "Vaccine Mafia" viewpoint explains the observed reality of the past six years: We are under attack by an organized global "public-private" pandemic crime cartel.

Sasha Latypova, independent writer, "Due Diligence and Art"

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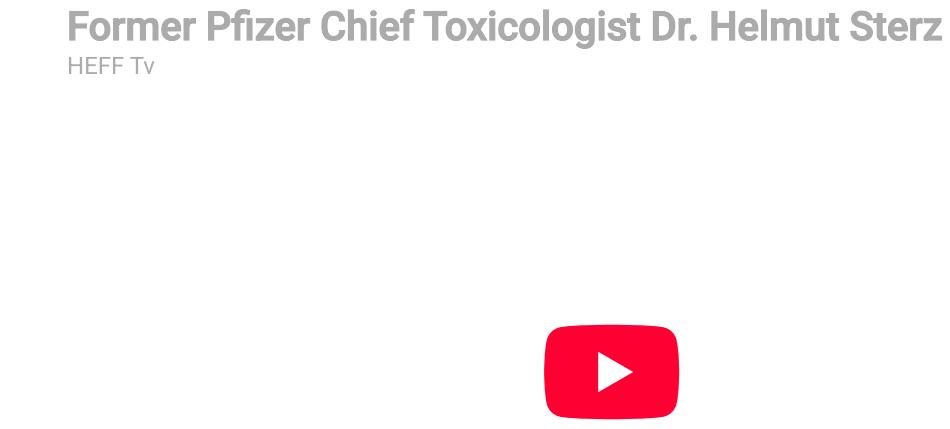
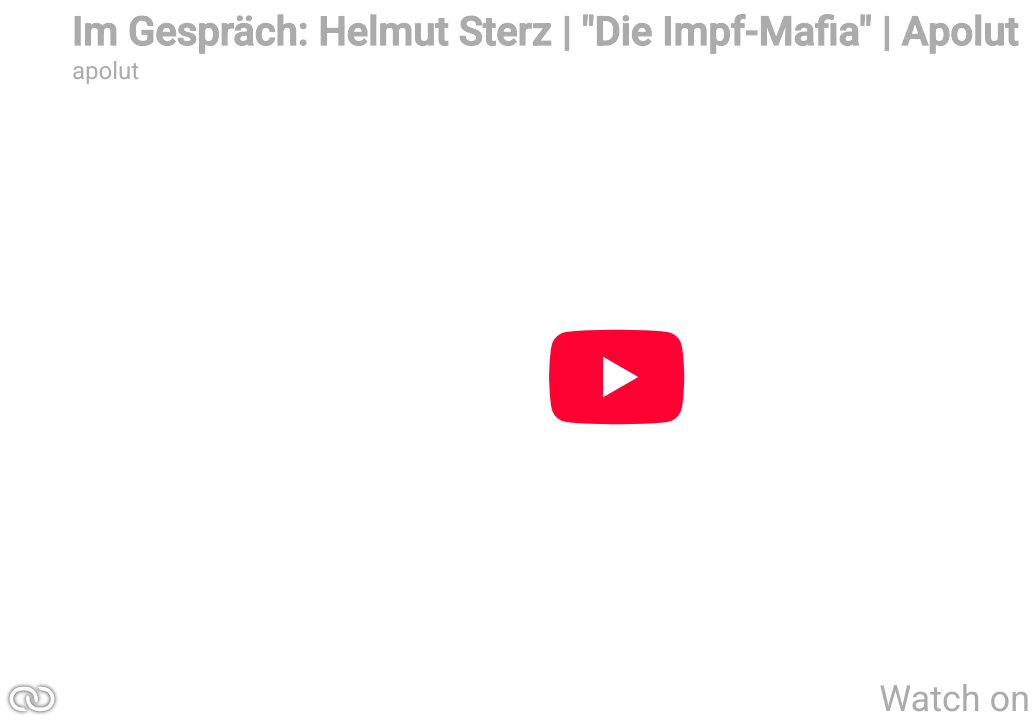
Lake Tahoe, NV, May 2026.

Dr. Sterz's testimony in German parliament about lack of safety testing for Pfizer mRNA shots:



Interview with Dr. Sterz about his new book “Vaccine Mafia”, dubbed in English:



[1]https://en.wikipedia.org/wiki/List_of_national_emergencies_in_the_United_States

[2]https://en.wikipedia.org/wiki/Public_Readiness_and_Emergency_Preparedness_Act

[3] https://journalofindependentmedicine.org/wp-content/uploads/2025/05/ima-jim-v01-n02-a09-challenging-the-prep-act-s-liability-shield.pdf

[4] See, e.g., 21 U.S.C. § 355 (drugs); 42 U.S.C. § 262 (biologics).

[5] CFR Title 21, including sections in parts 1-99, 200-299, 300-499, 600-799, and 800-1299.

[6] Section 564 FD&C Act. Note that the EUA pathway should not be confused with the “Expanded Access Use” regulatory pathway which is often colloquially referred to as

an “emergency use.” The expanded access is an investigational pathway and is regulated in the same manner as all normal drug approvals. (21 CFR 312.310-320)

[7] 21 U.S.C. § 360bbb-3(c)(2)(A)

[8] 21 USC 360bbb-3a(c).

[9] https://www.keionline.org/covid-contracts

[10] https://www.govinfo.gov/content/pkg/USCODE-2011-title35/html/USCODE-2011-title35-partII-chap18.htm

[11] https://www.fda.gov/media/143560/download

[12] https://www.nih.gov/about-nih/nih-director/testimony-operation-warp-speed-researching-manufacturing-distributing-safe-effective-coronavirus-vaccine

[13] https://aspr.hhs.gov/PHEMCE/2024-PHEMCE-SIP/Pages/default.aspx

[14] https://www.fda.gov/emergency-preparedness-and-response/public-health-preparedness-and-response/medical-countermeasures-mcms

[15] https://medicalcountermeasures.gov/barda

[16] https://www.medcbrn.org/current-members/

[17] https://feeds.issuerdirect.com/news-release.html?newsid=4505017405420608&symbol=MRNA

[18] https://www.dvidshub.net/news/388359/dtras-therapeutic-arm-latches-fda-approved-and-affordable-drugs-covid-19-relief

[19] https://public-inspection.federalregister.gov/2024-29108.pdf

[20] https://rumble.com/v2df7hg-militarized-healthcare.html

[21] https://www.nytimes.com/2026/03/02/health/kennedy-maha-vaccines.html?unlocked_article_code=1.QFA.ZYDo.jDOViCWn8dIp

Image: Source [Edited]

Original Article: https://sashalatypova.substack.com/p/my-foreword-to-dr-helmut-sterzs-vaccine

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